

ACORD™ CERTIFICATE OF LIABILITY INSURANCEAMF
P1DC

DATE

07-05-2006

PRODUCER

CLARKE & SAMPSON, INC./PHS
640337 P:(866)467-8730 F:(877)538-8526
PO BOX 29611
CHARLOTTE NC 28229

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

EP&P CONSULTING INC.
1100 NEW YORK AVE. N.W. 250 W
WASHINGTON DC 20005

INSURER A: Hartford Casualty Ins Co

INSURER B: The Hartford Ins Group

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	42 SBA BR5022	04/13/06	04/13/07	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> Business Liab				PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$4,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$4,000,000
	AUTOMOBILE LIABILITY				42 SBA BR5022	04/13/06
<input type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)	\$				
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)	\$				
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)	\$				
<input checked="" type="checkbox"/> HIRED AUTOS	AUTO ONLY - EA ACCIDENT	\$				
<input checked="" type="checkbox"/> NON-OWNED AUTOS	OTHER THAN EA ACC AGG	\$				
	AUTO ONLY:	\$				
GARAGE LIABILITY				EACH OCCURRENCE	\$4,000,000	
<input type="checkbox"/> ANY AUTO				AGGREGATE	\$4,000,000	
					\$	
A	EXCESS LIABILITY	42 SBA BR5022	04/13/06	04/13/07		\$
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
	DEDUCTIBLE				\$	
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	42 WEC BS9620	04/13/06	04/13/07	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
	E.L. EACH ACCIDENT				\$1,000,000	
	E.L. DISEASE - EA EMPLOYEE				\$1,000,000	
	E.L. DISEASE - POLICY LIMIT				\$1,000,000	
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations. Arizona Health Care Cost Containment System, The State of Arizona its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees are Additional Insured per the Business Liability Coverage Form SS0008, attached to this policy.

CERTIFICATE HOLDER

☒

ADDITIONAL INSURED; INSURER LETTER:

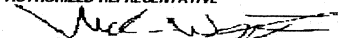
A

CANCELLATION

Arizona Health Care
Cost Containment System
Attn: Michael Veit
801 East Jefferson
Phoenix, AZ 85034

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) **52-1809823**
☐ TIN Type ☒ Employer Identification Number (EIN) ☐ State of Arizona HRIS EIN
☐ Social Security Number (SSN)

☒ Legal Name
 Must match TIN above

EP+P CONSULTING, INC.

☒ Entity Type Select one of the following

- ☒ Corporation (NOT providing health care, medical or legal services) (5A) **Subchapter S**
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (5I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (50)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Main Address Where tax information and general correspondence is to be mailed

DBA/Branch/Location **EP+P CONSULTING, INC.**Address **1100 New York Ave NW Suite 250W**

Address continued

City **Washington** State **DC** Zip code **20005**

☐ Remit to Address ☒ Same as Main

DBA/Branch/Location

Address

Address continued

City State Zip code

Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature **Susan Carter** Title **CORPORATE DIRECTOR** Date **May 25, 2006**

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed